

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

09658198

FILING DATE

APPLICANT(S)

9-15-03

4/27/04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/		/				51								
2	/	/	/	/			52								
3	/	/	/	/			53								
4	/	/	/	/			54								
5	/	/	/	/			55								
6	/	/	/	/			56								
7	/	/	/	/			57								
8	/	/	/	/			58								
9	/	/	/	/			59								
10	/	/	/	/			60								
11	/	/	/	/			61								
12	/	/	/	/			62								
13	/	/	/	/			63								
14	/	/	/	/			64								
15	/	/	/	/			65								
16	/	/	/	/			66								
17	/	/	/	/			67								
18	/	/	/	/			68								
19	/	/	/	/			69								
20	/	/	/	/			70								
21	/	/	/	/			71								
22	/	/	/	/			72								
23	/	/	/	/			73								
24	/	/	/	/			74								
25	/	/	/	/			75								
26	/	/	/	/			76								
27	/	/	/	/			77								
28							78								
29							79								
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40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								